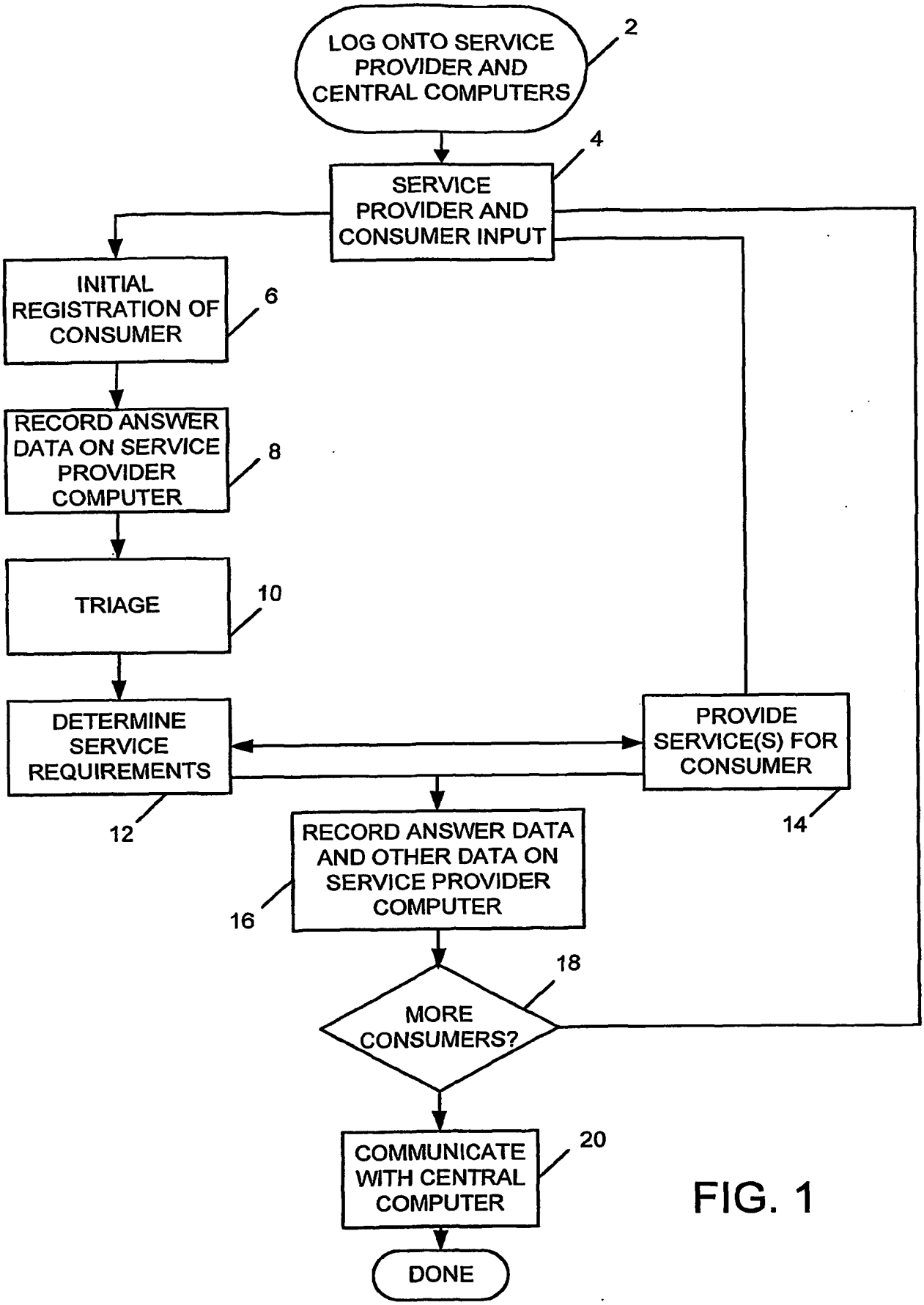

LOG ONTO SERVICE PROVIDER AND CENTRAL COMPUTERS
2
SERVICE PROVIDER AND CONSUMER INPUT
4
INITIAL REGISTRATION OF CONSUMER
6
RECORD ANSWER DATA ON SERVICE PROVIDER COMPUTER
8
TRIAGE
10
DETERMINE SERVICE REQUIREMENTS
12
PROVIDE SERVICE(S) FOR CONSUMER
14
RECORD ANSWER DATA AND OTHER DATA ON SERVICE PROVIDER COMPUTER
16
MORE CONSUMERS?
18
COMMUNICATE WITH CENTRAL COMPUTER
20
DONE

FIG. 1

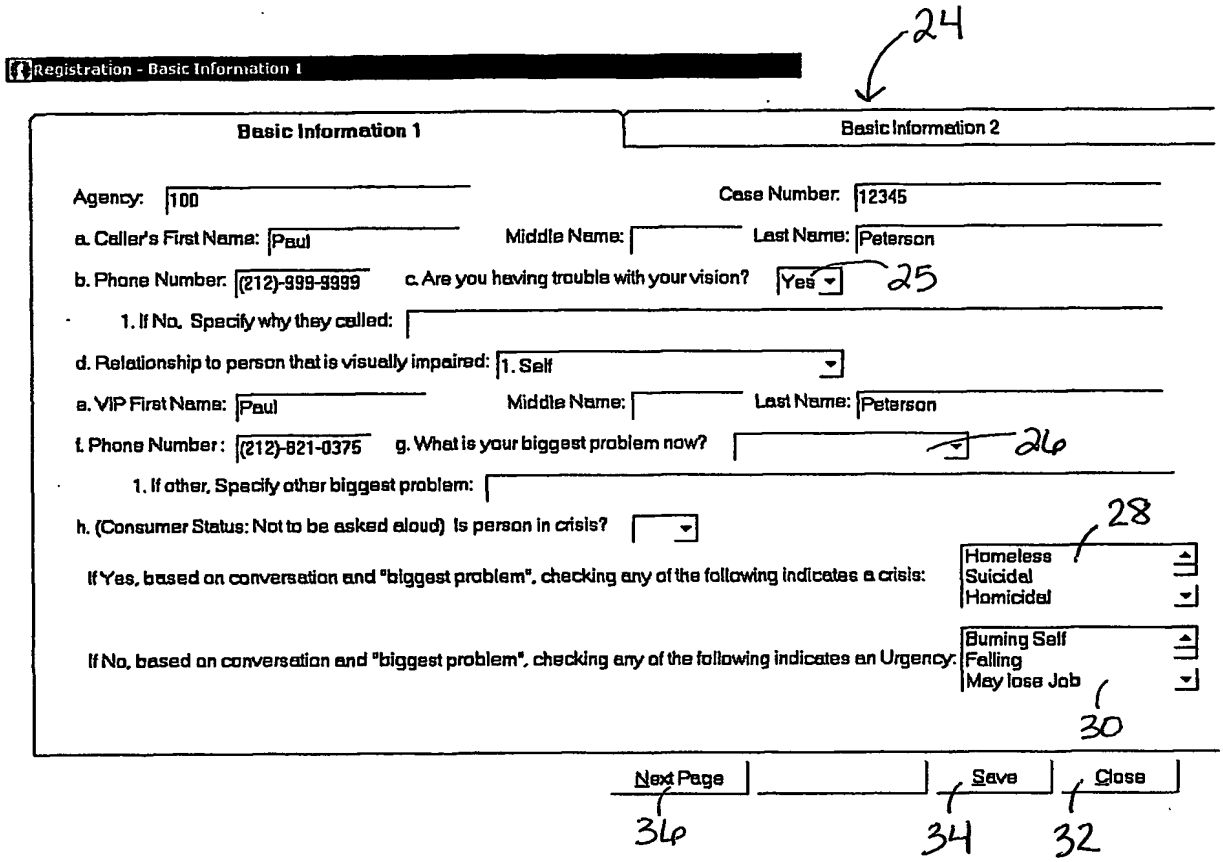

24
Registration - Basic Information 1
Basic Information 1
Basic Information 2
Agency: 100
Case Number: 12345
a. Caller's First Name: Paul
Middle Name:
Last Name: Peterson
b. Phone Number: (212)-999-9999
c. Are you having trouble with your vision? Yes
25
1. If No, Specify why they called:
d. Relationship to person that is visually impaired: 1. Self
e. VIP First Name: Paul
Middle Name:
Last Name: Peterson
f. Phone Number: (212)-821-0375
g. What is your biggest problem now?
26
1. If other, Specify other biggest problem:
h. (Consumer Status: Not to be asked aloud) Is person in crisis?
28
If Yes, based on conversation and "biggest problem", checking any of the following indicates a crisis:
Homeless
Suicidal
Homicidal
If No, based on conversation and "biggest problem", checking any of the following indicates an Urgency:
Burning Self
Falling
May lose Job
30
Next Page
Save
Close
36
34
32

FIG. 2

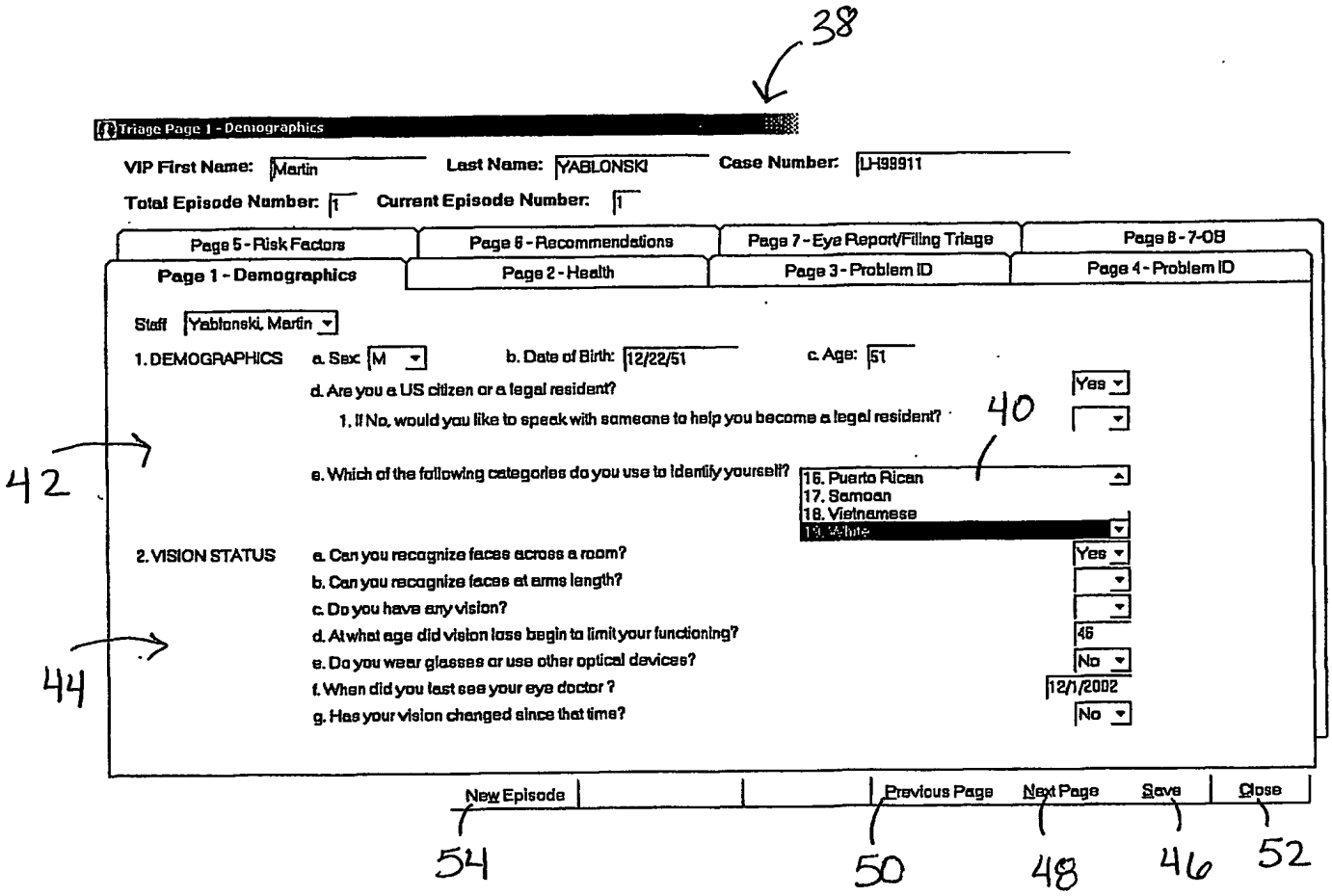

38
Triage Page 1 - Demographics
VIP First Name: Martin
Last Name: YABLONSKI
Case Number: LH99911
Total Episode Number: 1
Current Episode Number: 1
Page 5 - Risk Factors
Page 6 - Recommendations
Page 7 - Eye Report/Filing Triage
Page 8 - 7-08
Page 1 - Demographics
Page 2 - Health
Page 3 - Problem ID
Page 4 - Problem ID
Staff Yablonski, Martin
1. DEMOGRAPHICS
a. Sex: M
b. Date of Birth: 12/22/51
c. Age: 51
d. Are you a US citizen or a legal resident?
Yes
1. If No, would you like to speak with someone to help you become a legal resident?
40
42
e. Which of the following categories do you use to identify yourself?
16. Puerto Rican
17. Samoan
18. Vietnamese
2. VISION STATUS
a. Can you recognize faces across a room?
Yes
b. Can you recognize faces at arms length?
c. Do you have any vision?
d. At what age did vision loss begin to limit your functioning?
46
44
e. Do you wear glasses or use other optical devices?
No
f. When did you last see your eye doctor ?
12/1/2002
g. Has your vision changed since that time?
No
New Episode
Previous Page
Next Page
Save
Close
54
50
48
46
52

FIG. 3

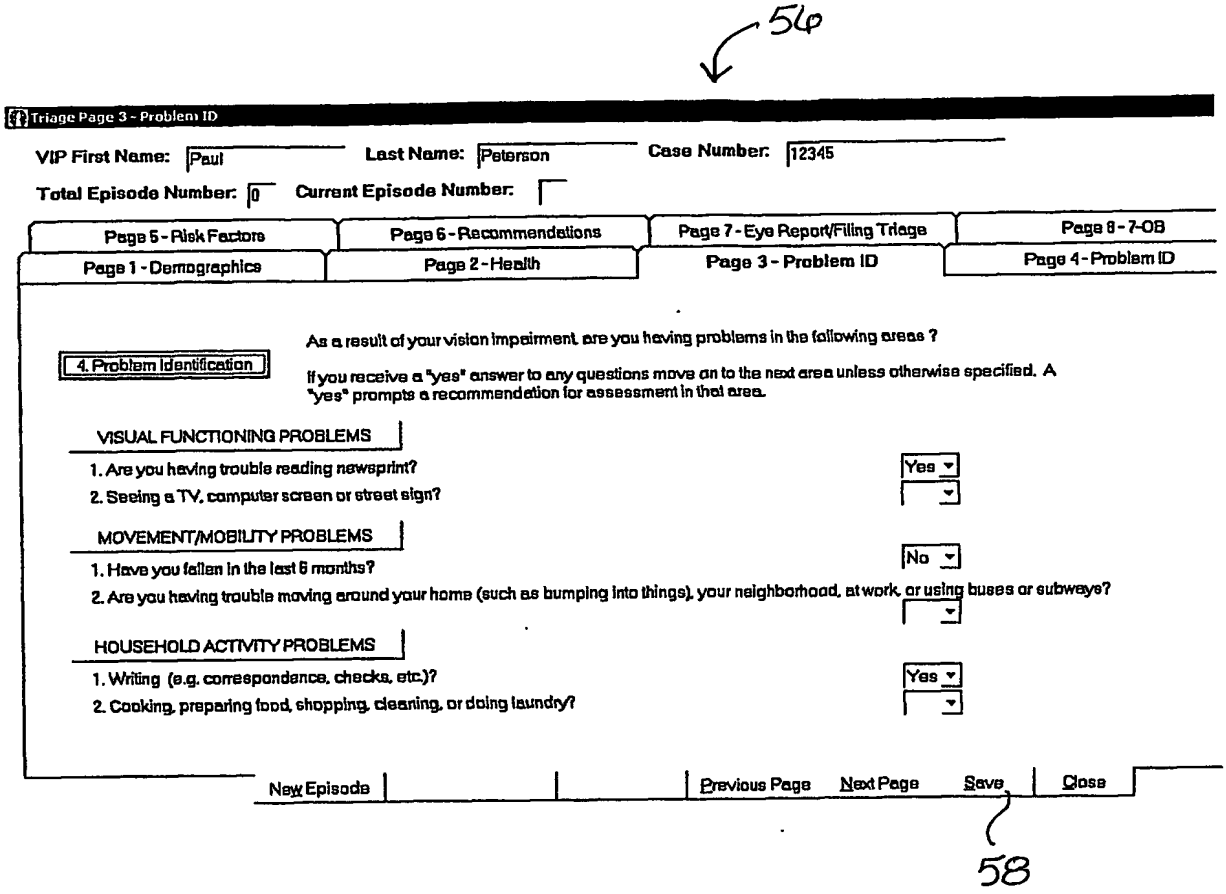

56
Triage Page 3 - Problem ID
VIP First Name: Paul
Last Name: Peterson
Case Number: 12345
Total Episode Number: 0
Current Episode Number:
Page 5 - Risk Factors
Page 6 - Recommendations
Page 7 - Eye Report/Filing Triage
Page 8 - 7-OB
Page 1 - Demographics
Page 2 - Health
Page 3 - Problem ID
Page 4 - Problem ID
4. Problem Identification
As a result of your vision impairment, are you having problems in the following areas ?
If you receive a "yes" answer to any questions move on to the next area unless otherwise specified. A "yes" prompts a recommendation for assessment in that area.
VISUAL FUNCTIONING PROBLEMS
1. Are you having trouble reading newsprint?
Yes
2. Seeing a TV, computer screen or street sign?
MOVEMENT/MOBILITY PROBLEMS
1. Have you fallen in the last 6 months?
No
2. Are you having trouble moving around your home (such as bumping into things), your neighborhood, at work, or using buses or subways?
HOUSEHOLD ACTIVITY PROBLEMS
1. Writing (e.g. correspondence, checks, etc.)?
Yes
2. Cooking, preparing food, shopping, cleaning, or doing laundry?
New Episode
Previous Page
Next Page
Save
Close
58

FIG. 4

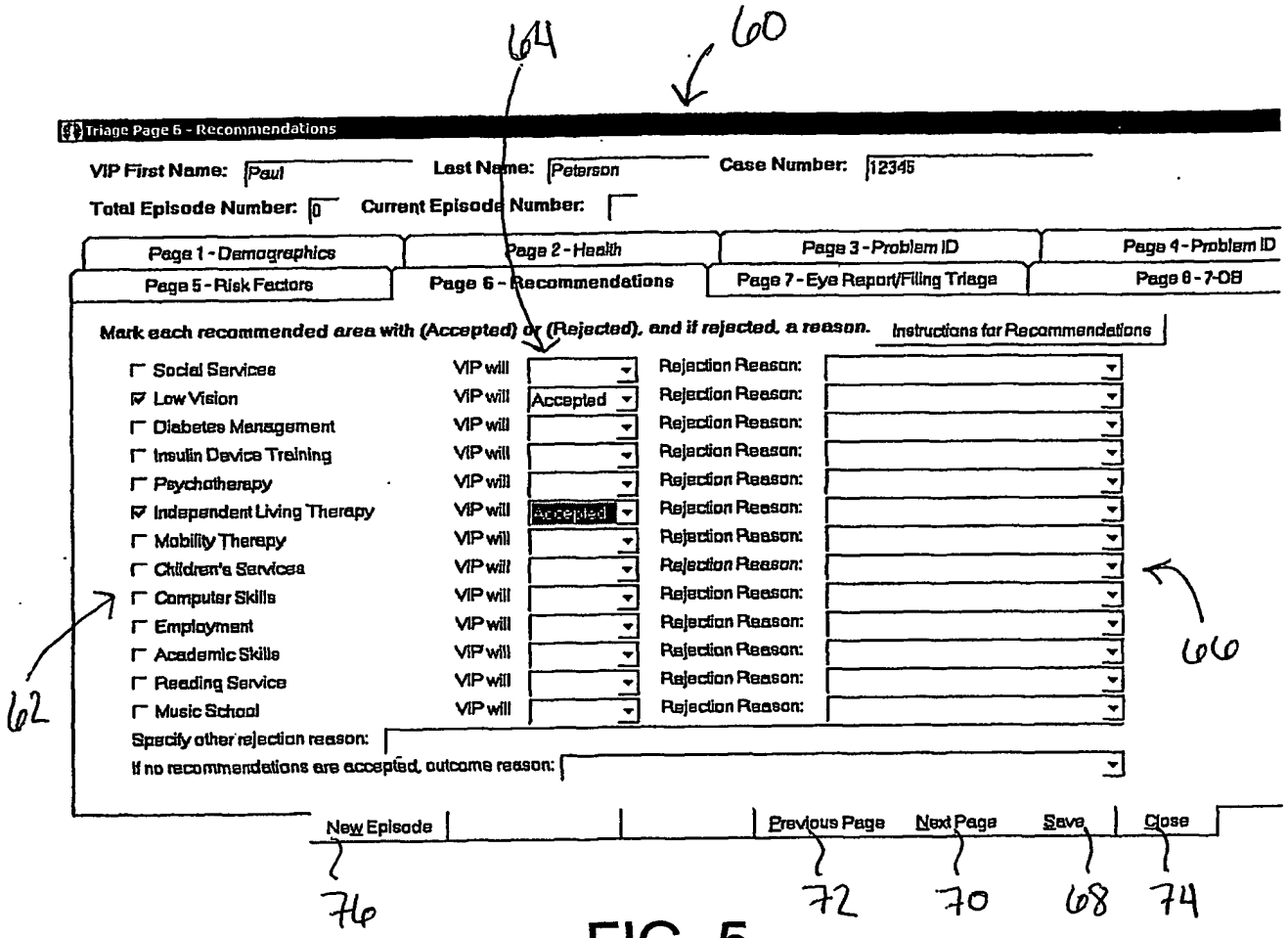

64
60
Triage Page 6 - Recommendations
VIP First Name: Paul
Last Name: Peterson
Case Number: 12345
Total Episode Number: 0
Current Episode Number:
Page 1 - Demographics
Page 2 - Health
Page 3 - Problem ID
Page 4 - Problem ID
Page 5 - Risk Factors
Page 6 - Recommendations
Page 7 - Eye Report/Filing Triage
Page 8 - 7-08
Mark each recommended area with (Accepted) or (Rejected), and if rejected, a reason.
Instructions for Recommendations
Social Services
Low Vision
Diabetes Management
Insulin Device Training
Psychotherapy
Independent Living Therapy
Mobility Therapy
Children's Services
Computer Skills
Employment
Academic Skills
Reading Service
Music School
VIP will
Accepted
Rejection Reason:
Specify other rejection reason:
If no recommendations are accepted, outcome reason:
62
66
New Episode
Previous Page
Next Page
Save
Close
76
72
70
68
74

FIG. 5

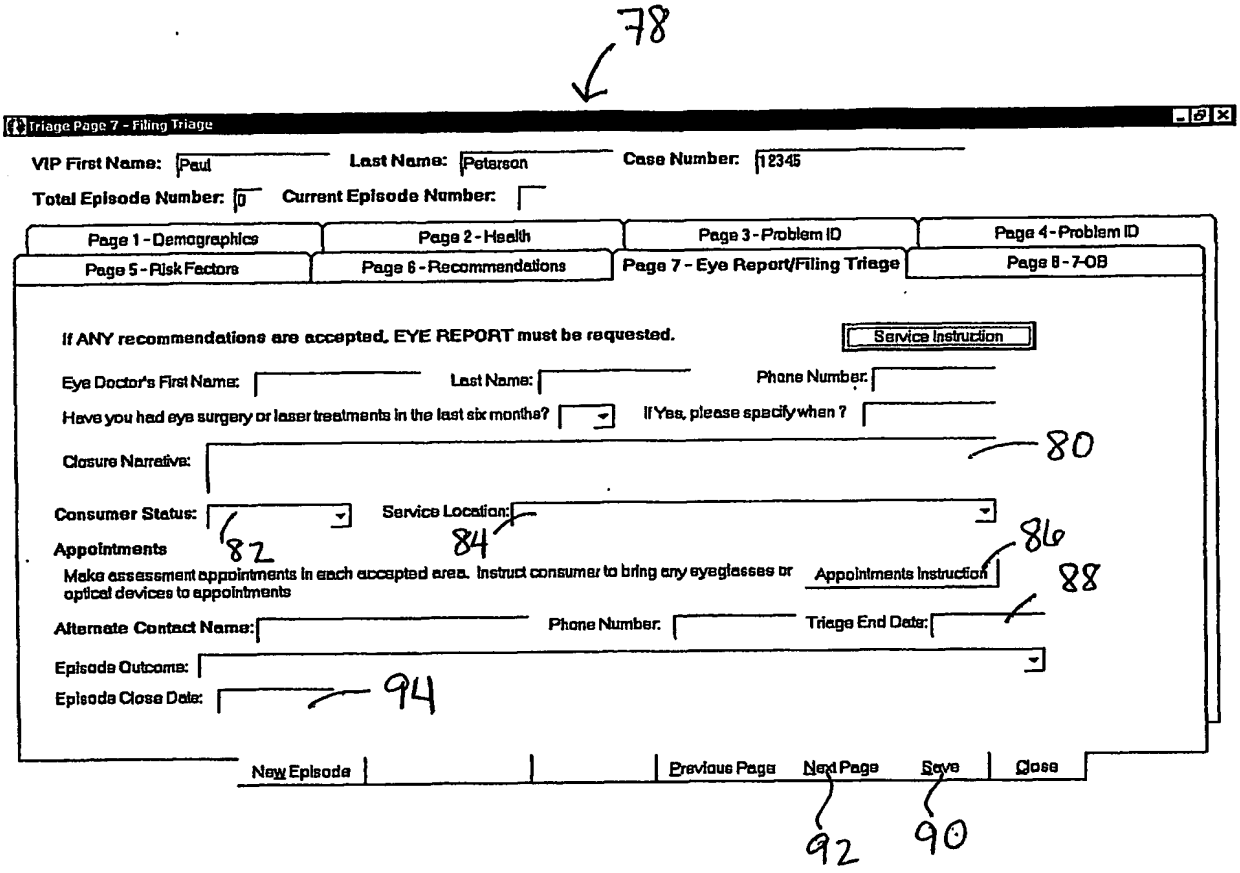

78
Triage Page 7 - Filing Triage
VIP First Name: Paul
Last Name: Peterson
Case Number: 12345
Total Episode Number: 0
Current Episode Number:
Page 1 - Demographics
Page 2 - Health
Page 3 - Problem ID
Page 4 - Problem ID
Page 5 - Risk Factors
Page 6 - Recommendations
Page 7 - Eye Report/Filing Triage
Page 8 - 7-08
If ANY recommendations are accepted, EYE REPORT must be requested.
Service Instruction
Eye Doctor's First Name:
Last Name:
Phone Number:
Have you had eye surgery or laser treatments in the last six months?
If Yes, please specify when ?
Closure Narrative:
80
Consumer Status:
82
Service Location:
84
Appointments
86
Make assessment appointments in each accepted area. Instruct consumer to bring any eyeglasses or optical devices to appointments
Appointments Instruction
88
Alternate Contact Name:
Phone Number:
Triage End Date:
Episode Outcome:
Episode Close Date:
94
New Episode
Previous Page
Next Page
Save
Close
92
90

FIG. 6

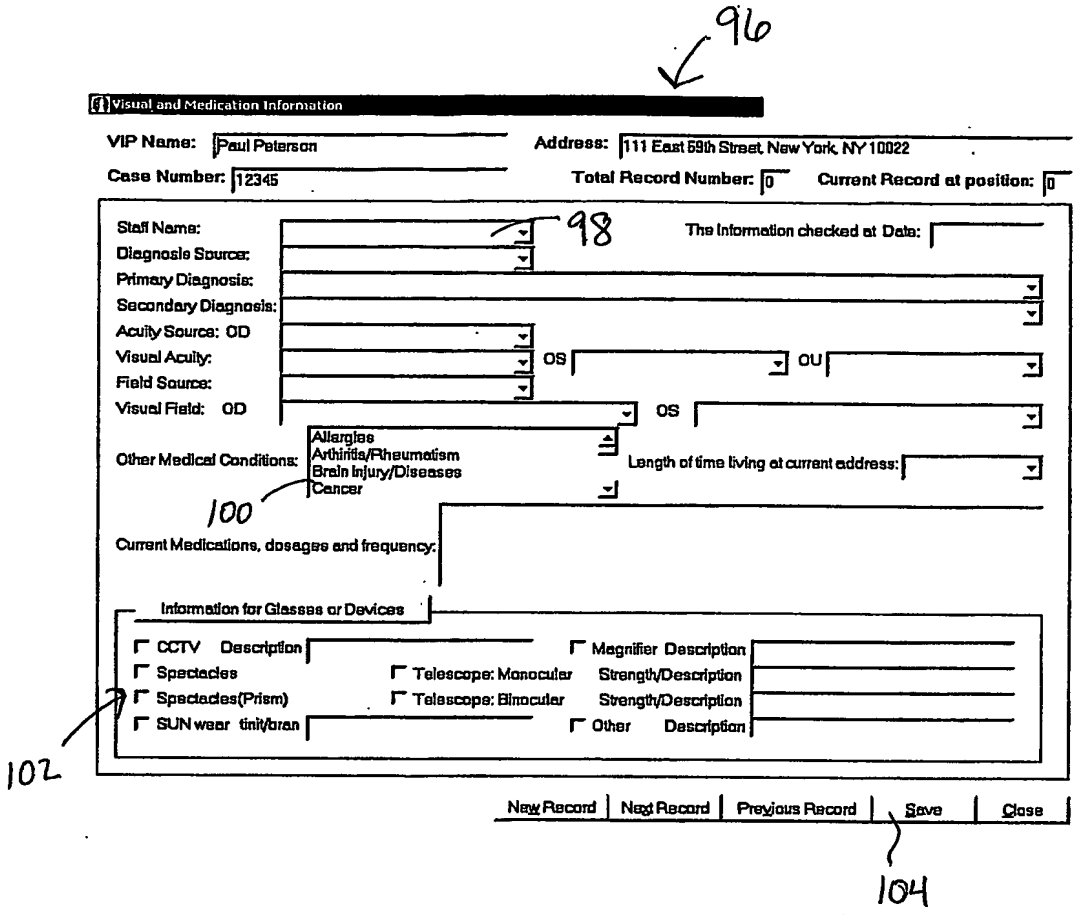

96
Visual and Medication Information
VIP Name: Paul Peterson
Address: 111 East 69th Street, New York, NY 10022
Case Number: 12345
Total Record Number: 0
Current Record at position: 0
98
Staff Name:
Diagnosis Source:
Primary Diagnosis:
Secondary Diagnosis:
Acuity Source: OD
Visual Acuity:
Field Source:
Visual Field: OD
OS
OU
The Information checked at Date:
Other Medical Conditions:
Allergies
Arthritis/Rheumatism
Brain Injury/Diseases
Cancer
Length of time living at current address:
100
Current Medications, dosages and frequency:
Information for Glasses or Devices
CCTV Description
Spectacles
Spectacles(Prism)
SUN wear tint/bran
Telescope: Monocular
Telescope: Binocular
Magnifier Description
Strength/Description
Strength/Description
Other Description
102
New Record
Next Record
Previous Record
Save
Close
104

FIG. 7

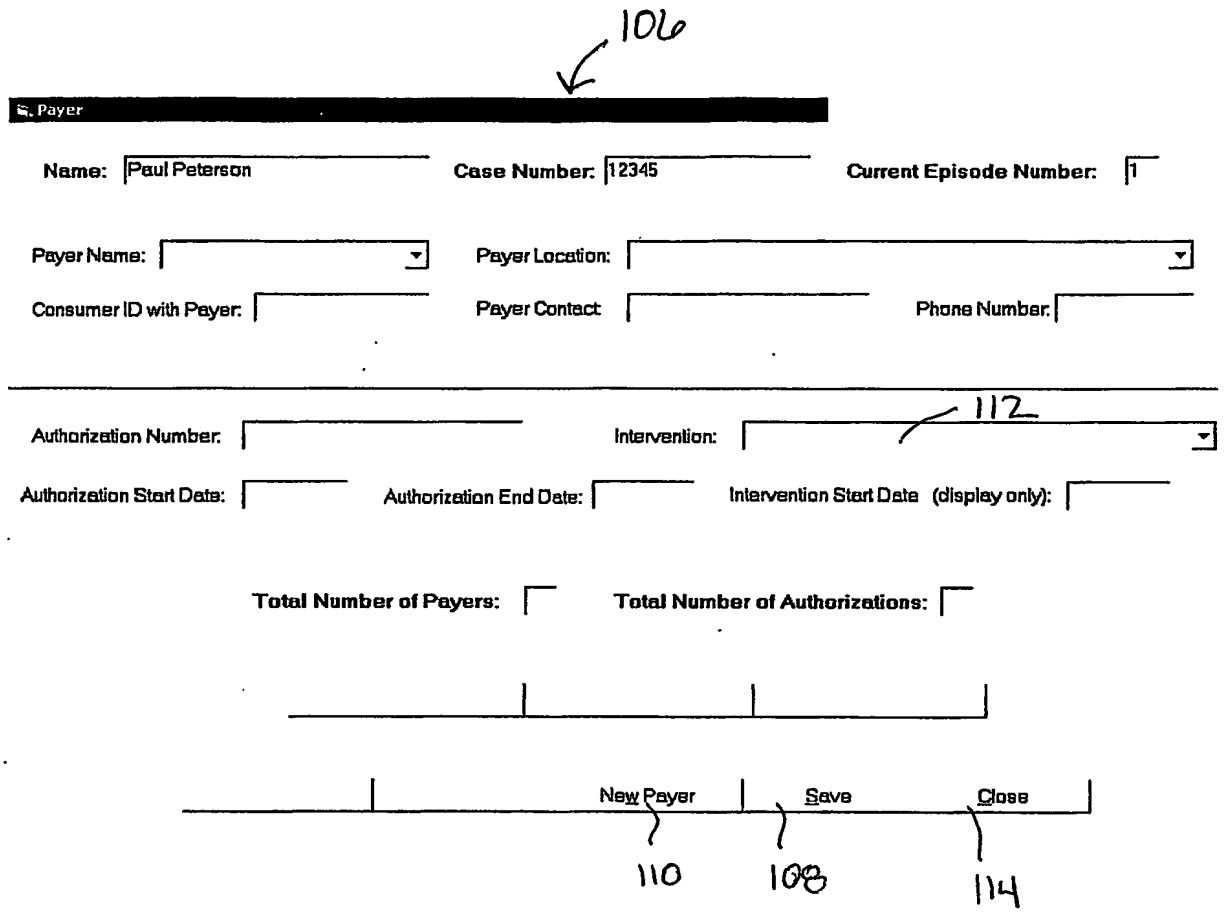

106
Payer
Name: Paul Peterson
Case Number: 12345
Current Episode Number: 1
Payer Name:
Payer Location:
Consumer ID with Payer:
Payer Contact
Phone Number:
Authorization Number:
Intervention:
112
Authorization Start Date:
Authorization End Date:
Intervention Start Date (display only):
Total Number of Payers:
Total Number of Authorizations:
New Payer
Save
Close
110
108
114

FIG. 8

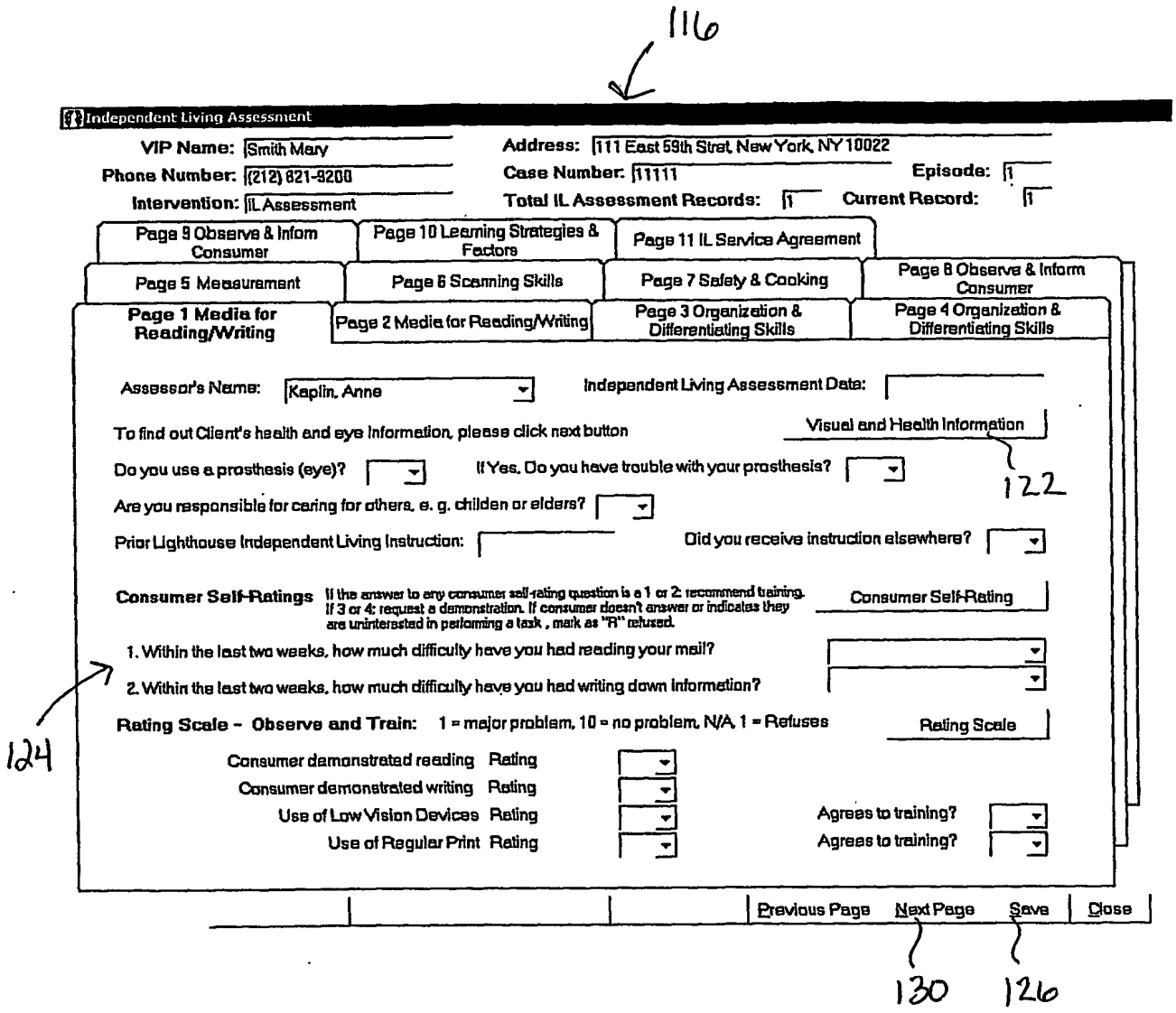

116
Independent Living Assessment
VIP Name: Smith Mary
Address: 111 East 59th Strat, New York, NY 10022
Phone Number: (212) 821-9200
Case Number: 11111
Episode: 1
Intervention: IL Assessment
Total IL Assessment Records: 1
Current Record: 1
Page 9 Observe & Inform Consumer
Page 10 Learning Strategies & Factors
Page 11 IL Service Agreement
Page 5 Measurement
Page 6 Scanning Skills
Page 7 Safety & Cooking
Page 8 Observe & Inform Consumer
Page 1 Media for Reading/Writing
Page 2 Media for Reading/Writing
Page 3 Organization & Differentiating Skills
Page 4 Organization & Differentiating Skills
Assessor's Name: Kaplin, Anne
Independent Living Assessment Data:
To find out Client's health and eye information, please click next button
Visual and Health Information
122
Do you use a prosthesis (eye)?
If Yes, Do you have trouble with your prosthesis?
Are you responsible for caring for others, e. g. children or elders?
Prior Lighthouse Independent Living Instruction:
Did you receive instruction elsewhere?
Consumer Self-Ratings
If the answer to any consumer self-rating question is a 1 or 2: recommend training. If 3 or 4: request a demonstration. If consumer doesn't answer or indicates they are uninterested in performing a task , mark as "R" refused.
Consumer Self-Rating
1. Within the last two weeks, how much difficulty have you had reading your mail?
2. Within the last two weeks, how much difficulty have you had writing down information?
124
Rating Scale - Observe and Train: 1 = major problem, 10 = no problem, N/A, 1 = Refuses
Rating Scale
Consumer demonstrated reading Rating
Consumer demonstrated writing Rating
Use of Low Vision Devices Rating
Use of Regular Print Rating
Agrees to training?
Agrees to training?
Previous Page
Next Page
Save
Close
130
126

FIG. 9

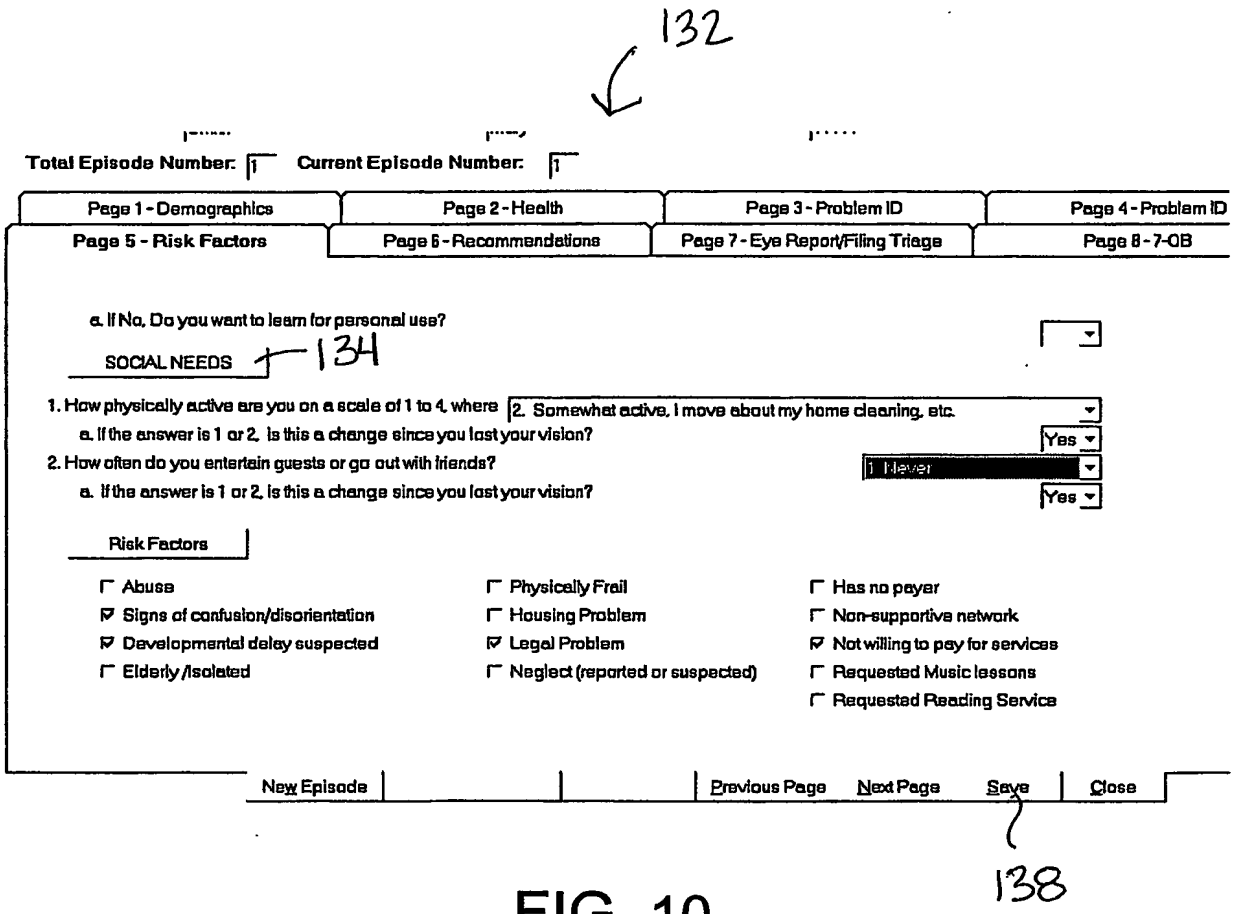

132
Total Episode Number: 1
Current Episode Number: 1
Page 1 - Demographics
Page 2 - Health
Page 3 - Problem ID
Page 4 - Problem ID
Page 5 - Risk Factors
Page 6 - Recommendations
Page 7 - Eye Report/Filing Triage
Page 8 - 7-OB
a. If No, Do you want to learn for personal use?
SOCIAL NEEDS
134
1. How physically active are you on a scale of 1 to 4, where
2. Somewhat active, I move about my home cleaning, etc.
a. If the answer is 1 or 2, is this a change since you lost your vision?
Yes
2. How often do you entertain guests or go out with friends?
1 Never
a. If the answer is 1 or 2, is this a change since you lost your vision?
Yes
Risk Factors
Abuse
Signs of confusion/disorientation
Developmental delay suspected
Elderly /Isolated
Physically Frail
Housing Problem
Legal Problem
Neglect (reported or suspected)
Has no payer
Non-supportive network
Not willing to pay for services
Requested Music lessons
Requested Reading Service
New Episode
Previous Page
Next Page
Save
Close
138

FIG. 10

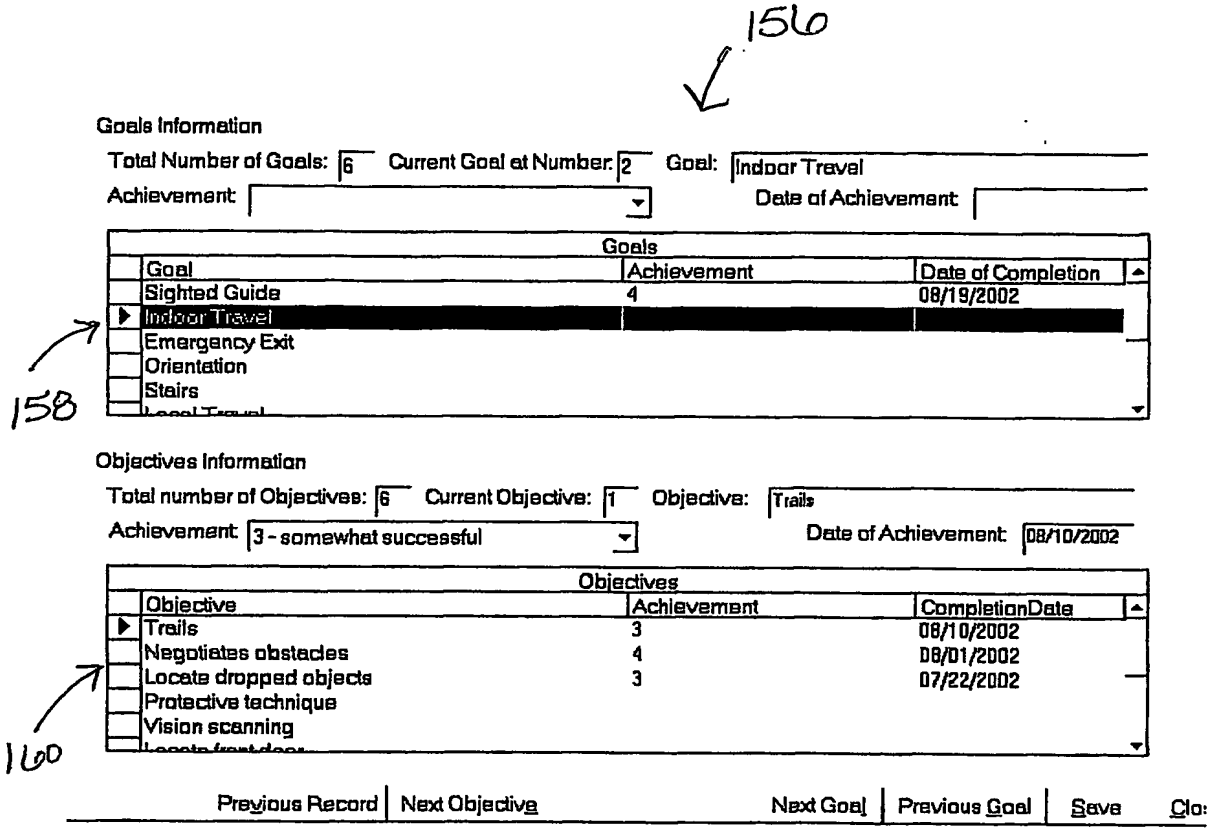

156
Goals Information
Total Number of Goals: 6
Current Goal at Number: 2
Goal: Indoor Travel
Achievement:
Date of Achievement:
Goals
Goal
Achievement
Date of Completion
Sighted Guide
4
08/19/2002
Indoor Travel
Emergency Exit
Orientation
Stairs
158
Objectives Information
Total number of Objectives: 6
Current Objective: 1
Objective: Trails
Achievement: 3 - somewhat successful
Date of Achievement: 08/10/2002
Objectives
Objective
Achievement
CompletionDate
Trails
3
08/10/2002
Negotiates obstacles
4
08/01/2002
Locate dropped objects
3
07/22/2002
Protective technique
Vision scanning
160
Previous Record
Next Objective
Next Goal
Previous Goal
Save

FIG. 11

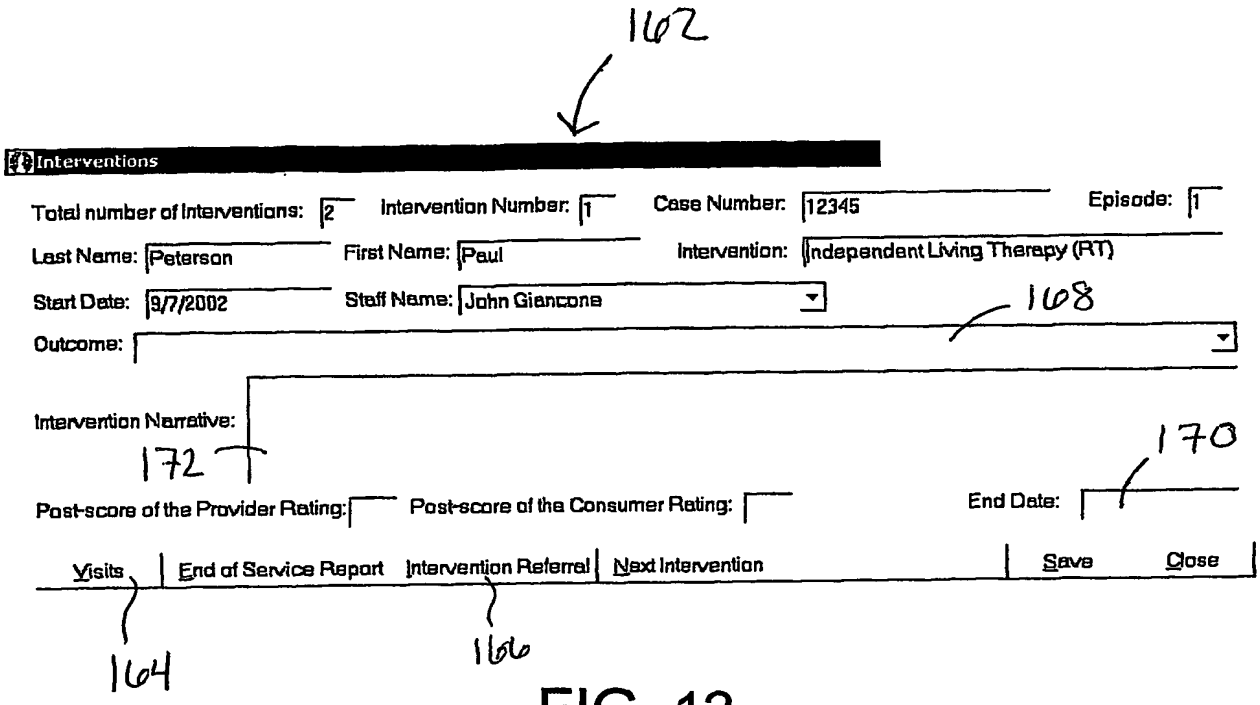

162
Interventions
Total number of Interventions: 2
Intervention Number: 1
Case Number: 12345
Episode: 1
Last Name: Peterson
First Name: Paul
Intervention: Independent Living Therapy (RT)
Start Date: 9/7/2002
Staff Name: John Giancone
168
Outcome:
Intervention Narrative:
172
170
Post-score of the Provider Rating:
Post-score of the Consumer Rating:
End Date:
Visits
End of Service Report
Intervention Referral
Next Intervention
Save
Close
164
166

FIG. 12

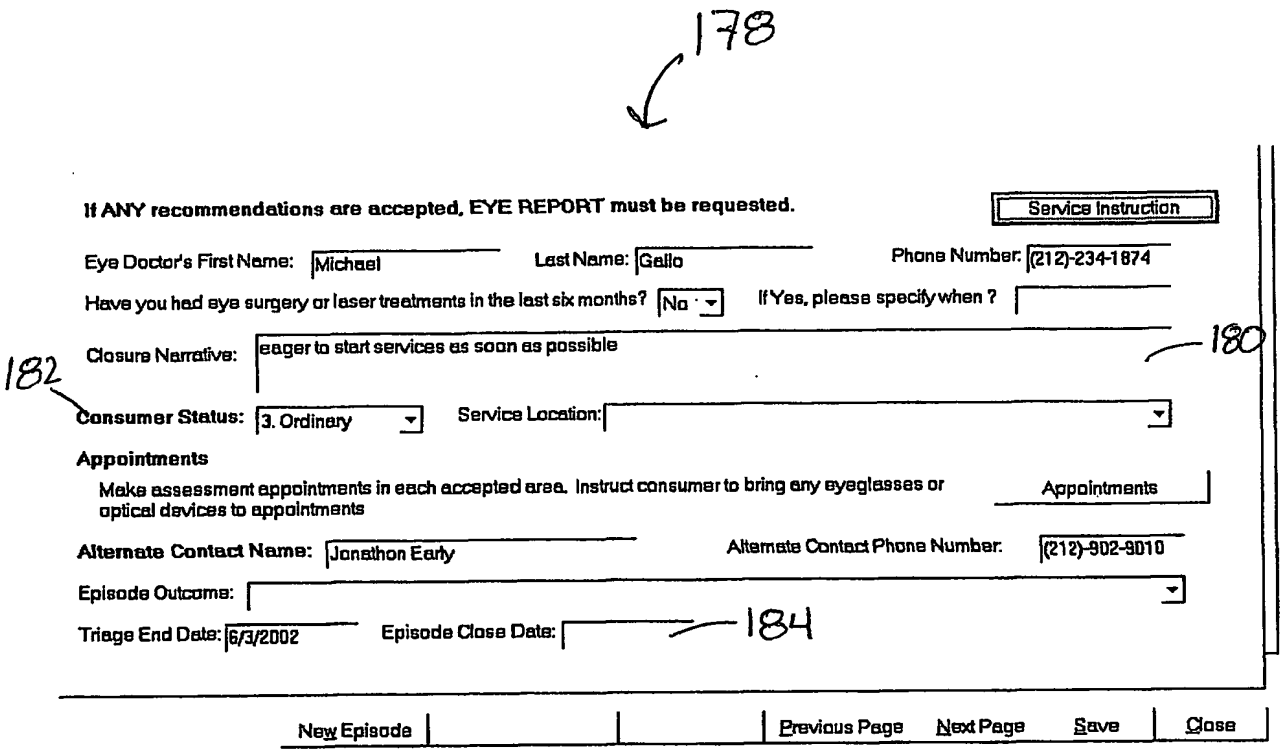

178
If ANY recommendations are accepted, EYE REPORT must be requested.
Service Instruction
Eye Doctor's First Name: Michael
Last Name: Gallo
Phone Number: (212)-234-1874
Have you had eye surgery or laser treatments in the last six months? No
If Yes, please specify when ?
Closure Narrative: eager to start services as soon as possible
180
182
Consumer Status: 3. Ordinary
Service Location:
Appointments
Make assessment appointments in each accepted area. Instruct consumer to bring any eyeglasses or optical devices to appointments
Appointments
Alternate Contact Name: Jonathon Early
Alternate Contact Phone Number: (212)-902-9010
Episode Outcome:
Triage End Date: 6/3/2002
Episode Close Date:
184
New Episode
Previous Page
Next Page
Save
Close

FIG. 13

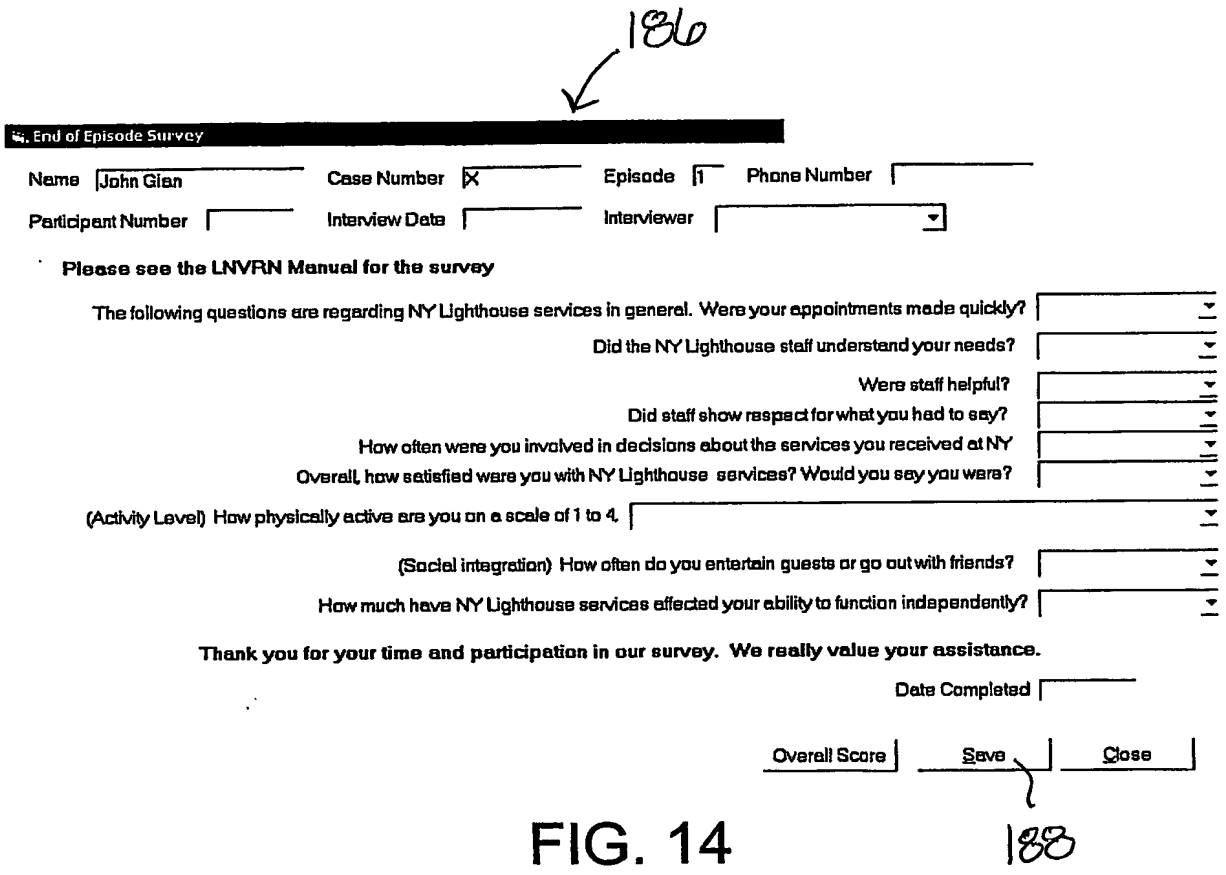
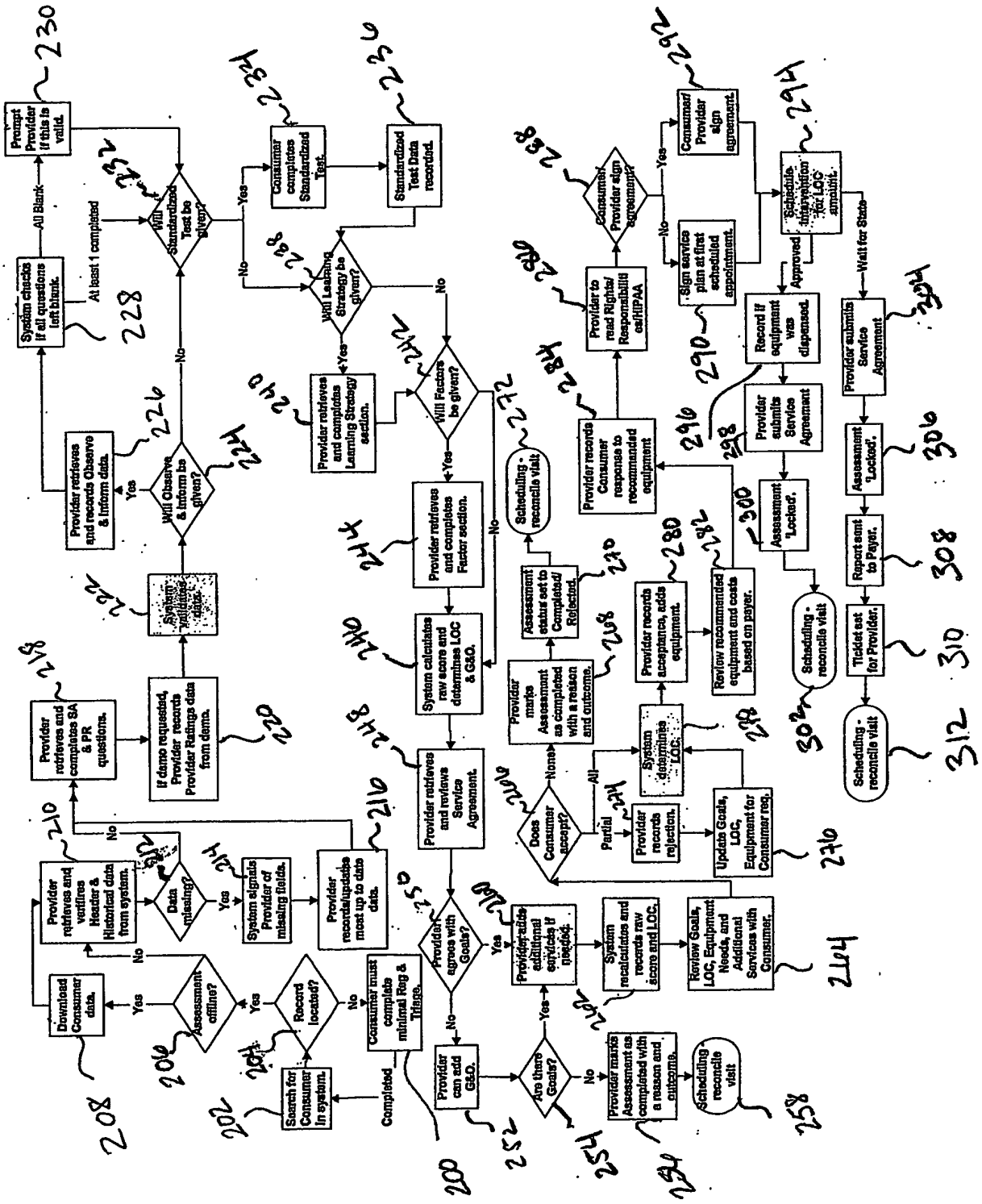

186
End of Episode Survey
Name John Glan
Case Number X
Episode 1
Phone Number
Participant Number
Interview Date
Interviewer
Please see the LNVRN Manual for the survey
The following questions are regarding NY Lighthouse services in general. Were your appointments made quickly?
Did the NY Lighthouse staff understand your needs?
Were staff helpful?
Did staff show respect for what you had to say?
How often were you involved in decisions about the services you received at NY
Overall, how satisfied were you with NY Lighthouse services? Would you say you were?
(Activity Level) How physically active are you on a scale of 1 to 4.
(Social integration) How often do you entertain guests or go out with friends?
How much have NY Lighthouse services effected your ability to function independently?
Thank you for your time and participation in our survey. We really value your assistance.
Date Completed
Overall Score
Save
Close
188

FIG. 14

FIG. 15


Prompt Provider if this is valid.
All Blank
At least 1 completed
System checks if all questions left blank.
Will Standardized Test be given?
Consumer completes Standardized Test.
Standardized Test Data recorded.
Will Learning Strategy be given?
Provider retrieves and completes Learning Strategy section.
Will Factors be given?
Provider retrieves and records Observe & Inform data.
Will Observe & Inform be given?
Provider retrieves and completes Factor section.
System validates data.
Scheduling - reconcile visit
Assessment status set to Completed/ Reflected.
Provider retrieves and completes SA & PR questions.
If demo requested, Provider records Provider Ratings data from demo.
System calculates raw score and determines LOC & G&O.
Provider marks Assessment as completed with a reason and outcome.
Provider records acceptance, adds equipment.
Review recommended equipment and costs based on payer.
Provider retrieves and reviews Service Agreement.
Does Consumer accept?
None
All
Partial
System determines LOC
Provider records rejection.
Update Goals, LOC, Equipment for Consumer req.
Provider retrieves and verifies Header & Historical data from system.
Data missing?
System signals Provider of missing fields.
Provider records/updates most up to date data.
Provider agrees with Goals?
Provider adds additional services if needed.
System recalculates and records raw score and LOC.
Review Goals, LOC, Equipment Needs, and Additional Services with Consumer.
Download Consumer data.
Assessment offline?
Record located?
Consumer must complete minimal Reg & Triage.
Search for Consumer in system.
Completed
Provider can add G&O.
Are there Goals?
Provider marks Assessment as completed with a reason and outcome.
Scheduling reconcile visit
Provider to read Rights/ Responsibilities/HIPAA
Consumer/ Provider sign agreement?
Consumer/ Provider sign agreement.
Sign service plan at first scheduled appointment.
Schedule intervention for LOC smaller.
Approved
Wait for State
Record if equipment was dispensed.
Provider submits Service Agreement
Assessment 'Locked'.
Report sent to Payer.
Ticket set for Provider.
Scheduling - reconcile visit
Provider submits Service Agreement
Assessment 'Locked'.
Scheduling - reconcile visit
Yes
No